

INCIDENT # - 

HOUSE CHECK REQUEST

Date: _____ Time Received: _____ Precinct: _____ District: _____

Requestor: _____ Phone Number: (____) _____

Address: _____ Zip _____

Start Date/Time: _____ End Date/Time: _____

	Yes	No		
Will someone be looking after the house?			Name	Phone #
Will anyone be given keys or access to the house during your absence?			Name	Phone #
Will any lights be left on?			What rooms?	If on timers, when?
Paper and mail stopped?				
Will any vehicles be left on property?			Year/Make _____ Year/Make	Model <input type="checkbox"/> Garaged Model <input type="checkbox"/> Garaged
Is a burglar alarm installed?			<input type="checkbox"/> Silent <input type="checkbox"/> Audible	<input type="checkbox"/> Visual
How is it activated?			<input type="checkbox"/> Sound <input type="checkbox"/> Contacts	<input type="checkbox"/> Light Beams <input type="checkbox"/> Other
Which alarm company, or who should be contacted if alarm is activated?			Name	Phone #
Is there someone local we could contact in an emergency?			Name	Phone #
Will there be a dog in the yard?			Describe	
Can you be reached in case of an emergency?			How/Where?	
Remarks:				

I do hereby grant and request the King County Sheriff's Office to visually and physically check upon the property listed above. I understand that this free service does not create a special duty upon the City or its Police Department, and is provided only as time is available. I understand that no guarantee is made nor assurance given against loss, theft or damage to the premises or property. I agree to hold harmless the City of Sammamish, the King County Sheriff's Office, and all their respective staff and employees for any and all claims for personal injury, loss or damage to property that may be suffered by me through any action or lack thereof by a representative of the King County Sheriff's Office.

Signed this _____ day of _____, _____.

By: _____ Print Name: _____

Email: _____